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APPLICANTS

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**** CONTINUING DATA *******This appln claims benefit of 60/392,331 06/28/2002 *AMB***** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** *AMB*
10/07/2003 **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 2	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>AMB</i> Examiner's Signature Initials				

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TITLE

Methods of detecting sequence differences

FILING FEE RECEIVED 1061	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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